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Bib Data Sheet

CONFIRMATION NO. 5676

SERIAL NUMBER 10/797,837	FILING DATE 03/10/2004 RULE	CLASS 004	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. RM449g
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 10/211,497 08/02/2002 PAT 6,760,931

YES, *[Signature]*

** FOREIGN APPLICATIONS *****

NONE, *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 05/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 23	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

23996
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TITLE

Antimicrobial chemical dispensing faceplate

FILING FEE RECEIVED 731	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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